

State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,
500 E Capitol Ave., Pierre, SD 57501-5070

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See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee South Dakota Health Care Assn. Political Action Comm.

Complete Mailing Address 804 N. Western Avenue, Sioux Falls, SD 57104

Name of Person Making Report Mark B. Deak Daytime Phone Number 605-339-2071

If you are a candidate, what office are you seeking? _____

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Type of Report (See pages 4 & 5 of Guideline Book) Pre-Primary Campaign Report

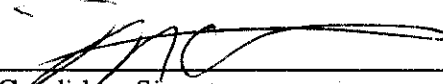
For Reporting Period Ending (See pages 4 & 5 of Guideline Book) May 27, 2006

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I Mark B. Deak (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date: May 26, 2006


Candidate Signature or
Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 30th day of
May 06
Chris Nelson
SECRETARY OF STATE

For the reporting period ending May 27, 2006

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contributions from Individuals:

*\$ 612.98

Itemized Contributions from Individuals

[illegible]**Total of Itemized Contributions from Individuals:**

*\$ 1751.80

Name of Candidate or Committee: South Dakota Health Care Assn. Political Action Comm.For the reporting period ending: May 27, 2006**Schedule B - Fund-Raising Events Proceeds**

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds
Apparel	\$700.00
PAC Raffle	\$360.00
PAC Dinner	\$950.00
50/50 Raffle	\$298.00
Putting Contest	\$100.00
Total:	<u>\$2408.00</u>

Schedule C - In Kind Contributions

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
Total:		<u>0</u>

Schedule D - Other Income

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount
Bank Interest Payments	<u>\$.19</u>
Total:	<u>\$.19</u>

Name of Candidate or Committee: South Dakota Health Care Assn. Political Action Comm.

For the reporting period ending: May 27, 2006

Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period: \$ 8649.45
2. Receipts

Schedule A - Direct Contributions	\$	<u>1751.80</u>
Schedule B - Fund-Raising Events	\$	<u>2408.00</u>
Schedule C - In Kind Contributions	\$	<u>0</u>
Schedule D - Other Income	\$	<u>.19</u>
Total of all Receipts	\$	<u>4159.99</u>
3. Total Monetary Receipts (A+B+D) \$ 4159.99
4. Candidate's Personal Contribution to Own Campaign \$ 0
5. Monetary Loans to Candidate or Committee During Reporting Period \$ 0
6. Monetary Loans Repaid During Reporting Period \$ 0
7. Expenditures - Schedule E \$ 0
8. Unpaid Obligations - Schedule F \$ 0
9. Amount on hand at the close of this reporting period. *
This should equal lines (1+3+4+5) - (6+7) \$ 12809.44

Schedule A – Direct Contributions

Julie Schenkel 30035 416 Avenue Tyndall, SD 57066	Good Samaritan Center	\$150.00
Mary Knutson 201 Park Avenue S Lake Preston, SD 57249	Kingsbury Memorial Manor	\$103.00
Michella Mathis PO Box 302 Tripp, SD 57376	Good Samaritan Center	\$109.18
Kimberly Longe 521 N. Main Bridgewater, SD 57319	Diamond Care Center	\$115.36
Judith Headley 405 S. East St. Menno, SD 57045	Menno-Olivet Care Center	\$100.94
Mary Beth Grape 714 1 st Avenue NE Watertown, SD 57201	Parkview Care Center	\$134.84
Michele Juffer PO Box 69 Wagner, SD 57380	Good Samaritan Center	\$141.00
David Simpson 3625 Canyon Drive Rapid City, SD 57702	Fountain Springs Health Care	\$184.50
Mary Knutson 201 Park Avenue S Lake Preston, SD 57249	Kingsbury Memorial Manor	\$100.00

Total = \$1138.82

